



STATE OF TENNESSEE
TENNESSEE MOTOR VEHICLE COMMISSION
500 JAMES ROBERTSON PARKWAY - 2ND FLOOR
NASHVILLE, TENNESSEE 37243-1153
PHONE 615-741-2711
FAX NO. 615-741-0651

File No. _____
Xact No. _____
Action: _____
For Office Use Only

Check type(s) of Application:

- | | |
|---|--|
| <input type="checkbox"/> FRANCHISE MOTOR VEHICLE DEALER
(Includes right to sell used cars and trucks at same location) | <input type="checkbox"/> RELOCATION APPLICATION |
| <input type="checkbox"/> FRANCHISE MOTORCYCLE DEALER
(Includes right to sell used motorcycles at same location) | <input type="checkbox"/> USED MOTOR VEHICLE DEALER |
| <input type="checkbox"/> ADDITIONAL LINE-MAKE | <input type="checkbox"/> USED MOTORCYCLE DEALER |

Application is hereby made for motor vehicle dealer license to engage in the business of selling motor vehicles in the state of Tennessee in compliance with the provisions of Tennessee Code Annotated 55-17, et seq.

Print in black ink or type requested information.

1. Firm Name _____ (_____)
(Full name of Entity to be licensed)(Use line below, if necessary) (Area Code & Phone No.)

(Fax No. w/Area Code)

2. (a) Location Address _____
(Street)

(City) (County) (Zip)

(b) Mailing Address (if different, the mailing address must be in the same county)

(P. O. Box or Street)

(City) (County) (Zip)

3. If a Franchise Dealer, each line-make is required to be licensed. List each line-make and names of manufacturers/distributors with whom you have a bona fide contract, sales and service agreement, or franchise for the retail sale of each of the makes of vehicles. Attach a copy of the manufacturer's franchise letter awarding each line-make.

Line-make

Name of
Manufacturer/Distributor

1. _____

2. _____

(Line-make continued)

3. _____

4. _____

5. _____

4. Physical description of facility must exceed minimum requirements as per attached instruction sheet.

Type of Building: _____ (ex. wood, brick, block, etc.); Gross Building Area: _____
(Square Feet); Land Size _____ (Square Feet or Acreage)

5. Is the sale of motor vehicles the principal business at the location named in this application? _____
(Yes or No)

6. Are you engaged in any other business which is conducted from this establishment? _____
(Yes or No)

If yes, describe: _____

7. Have any of the individuals, partners, or corporate officers named ever been convicted of a felony? _____
(Yes or No)

8. Type of business (circle one); Proprietorship Partnership Corporation LLC LLP

(a) If proprietorship, give name, residential address and telephone number of owner:

(b) If partnership, give name and residential address of each partner and designate managing partner or partners:

(c) If corporation:

(1) Domestic (Tennessee) - provide copy of Charter and any amendments:

(2) Foreign (out-of-state) corporations - provide copy of a Certificate of Authority stating agent for service of process.

(3) List name, address, and title of officers, directors, and any/all persons or entities owning more than five percent (5%) of outstanding shares of stock issued by the corporation on the "Stockholders Information Update" form. Form supplied with this application packet.

15. Proof of liability insurance with a minimum coverage of \$60,000 must be provided by a Certificate or Affidavit of Insurance. This insurance must remain in force for as long as the licensee is licensed. The Tennessee Motor Vehicle Commission must be listed as the certificate holder.
16. The prospective licensee must furnish a current financial statement with this application. See memorandum in packet for instruction.

I hereby certify that the statements in, or attached to this application are true and correct to the best of my knowledge and belief; that the members of this organization are familiar with the provisions of the law under which this application is made, and that I, as proprietor, partner, or officer of the corporation, have authority to make the statements contained here.

Date: _____

Signed: _____
(Authorized Signature)

Title: _____
(Print or Type)

(Print Authorized Signature)

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20__.

(SEAL)

(Notary Public)

My commission expires: _____

Mail application, attachments, and fee to the TENNESSEE MOTOR VEHICLE COMMISSION, 500 JAMES ROBERTSON PARKWAY, SECOND FLOOR, NASHVILLE, TENNESSEE 37243-1153.

CHECK LIST OF ATTACHMENTS TO APPLICATION:

- | | |
|--|--|
| <input type="checkbox"/> 2 Year Surety Bond (Original) | <input type="checkbox"/> Copy of Zoning Letter |
| <input type="checkbox"/> Certificate of Liability Insurance | <input type="checkbox"/> Copy of corporate charter, if applicable |
| <input type="checkbox"/> Copy of Stockholders Update, if applicable | <input type="checkbox"/> Copy of Field Investigators Inspection Form |
| <input type="checkbox"/> Copy of State Sales Tax Certificate of Registration | <input type="checkbox"/> Copy (ies) of Financial Disclosure |
| <input type="checkbox"/> Copy of County Business Tax License | <input type="checkbox"/> Copy of Franchise Letter(s) or Agreements |
| <input type="checkbox"/> Copy of City Tax license, if applicable | <input type="checkbox"/> Copy of Warranty Rate Form, if applicable |
| <input type="checkbox"/> Copy of signed Service Agreement, if applicable | <input type="checkbox"/> Financial statement prepared by CPA as per Instruction included with packet |

